

## APPLICATION FOR ARIZONA RESIDENTS

For your convenience we have provided an application form for you to download.

- Download and print the form.
- Complete the form and have it signed by a competent authority, as defined in the eligibility requirements.
- Mail the form to:

Arizona State Braille and Talking Book Library  
1030 N. 32nd Street  
Phoenix, AZ 85008

**We cannot accept applications that are faxed to us or sent electronically.**

## APPLICATION FOR FREE LIBRARY SERVICE

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_ Message Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ ☐ Female ☐ Male

- ☐ By Law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States.

**INDICATE THE DISABILITY PREVENTING THE USE OF STANDARD PRINTED MATERIAL** (see definitions under eligibility criteria):

☐ Visual disability   ☐ Blindness   ☐ Physical disability   ☐ Reading disability  
(See eligibility criteria #4)

### BRIEF DESCRIPTION OF VISUAL OR PHYSICAL DISABILITY:

(MUST BE COMPLETED BEFORE APPLICATION IS ACCEPTED.)

### TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated above.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Title and Occupation \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_